Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 60318

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts end bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filled within 20 days of receipt of the gift or bequest.

FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked Computer

owa Medical and Classification Center				1
ame of Department or Office 700 Coral Ridge Ave.	Coralyille, IA	52241		1
Auto Cons Range Ave. alling Address 115-626-1391	City, State	Zip Code		
rea Code & Telephone No.		The street of th		
NTACT PERSON FOR RECIPIENT DEPARTMENT OR C)FFICE:			-
Greg Ort				į
ame				l
tame Salling Address (If different from above)		City, State, Zip (If different fro	m above)	
Steg.Or@lows.gov		319-626-4202		1
mail Address		Area Code & Telephone Nurr	ber (if different from above)	
Mailing Address City, State, Zip Code		January 2009 Date of Gift or Bequest	\$12,883.00	ر د.
Area Code & Telephone Number	_	•	ket value" of Item as determined by e. If no value mark "0.00".	y
Emall Address (optional)				
			27	
Provide a description of the gift or bequest and purpose thereof:			·	- 5
Please see attached				
			ڣ	
				0.04
Criteria to use this form:			9	

Statement of Affirmation:

I. Or a concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

1-20-09 Date

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	\$12,571 Various food items	\$150 Calendards, Music CD's, Sermon CD's, and Books		102.00 185 mini books, 3 prayer books		60,00 24 Books,CD Set											u	200	1	,	.	2.		A									
Amount	\$12,571	\$150		\$ 102.00		\$ 60.00																											\$ 12,883.00
Reason	Perishables	For Offenders in	Chapel	. <u>.</u>	┪	For Offenders in	Chapel																										Total Amount:
Address	20 E Market Street, Iowa City, 52245	C/O Bev Huffman, IMCC, 2700 Coral	Ridge Ave, Coralville, IA	C/O Bev Huffman, IMCC, 2700 Coral	Ridge Ave, Coralville, IA	C/O Bev Huffman, IMCC, 2700 Coral	Ridge Ave, Coralville, IA																										
Name	1/2/2009 Table to Table	1/14/2009 Private Donations		1/29/2008 Private Donations		Kennet																											
Date	1/2/2009	1/14/2009		1/29/2008		1/30/2009																											

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAS DES M 5 Fax:

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code/section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa/or received by the Governor on behalf of the state be reported to the Iowa Elhics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled with 1820 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

	For office use only
Indexed	7 Of Villes 239 VIII
Audited	
Checked	
Compute)r

Iowa State Penitentiary									
Name of Department or Office	Fort Madison, IA 52627								
alling Address City, State, Zip Code									
319-372-5422 Area Code & Telephone No.									
ONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:								
Julia Johnson									
Name									
Mailing Address (if different from above)	City, State, Zip (if different from above)								
Emall Address	Area Code & Telephone Number (if different from above)								
DNOR OF GIFT, BEQUEST, OR GRANT:									
See attached									
Name									
	0500 -10								
Mailing Address City, State, Zip	Code / Considered ODY 569								
	Data of Gift, Bequest, or Grant Amount/Value*								
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined to								
Email Address (optional)	receiving department or office. If no value mark "0.00".								
Tital Fasion (options)									
Provide a description of the giff, bequest, or grant and p	purpose thereof:								
See attached									
Criteria to use this form:									
	any department of the state or received by the Governor on behalf of the state.								
Kacelof or any dist pedness, or first suggested by	Stry department of the state of received by the Governor or roomen or are state.								
	,								
4 - 4 - 20									
atement of Affirmation:									
Dan Craic affirm that the gift, bequest	t, or grant reported above is accurate. I further affirm that the information concerning the le) is correct and true to the best of my knowledge.								
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the state of the s	2-20-09								
Signature	Date								

IOWA STATE PENITENTIARY, #3 JOHN BENNETT DRIVE, FORT MADISON, IA. 52627

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			1/1 - 1/31/09	Darte
	14 books	531 used magazines	1/1 - 1/31/09 76 used newspapers	Name
	Various inmates	Various local Churches	Various local Churches	Address
Total Amount	Library	Inmate Rel. Ed.	inmate Rel. Ed.	Reason
\$589.00	\$76.00	\$531.00	\$38.00	Amount

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Total Amount

\$569.00